

Exhibit 13

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE NATIONAL PRESCRIPTION	MDL No. 2804
OPIATE LITIGATION	Case No. 17-MD-2804
APPLIES TO ALL CASES	Hon. Dan A. Polster

Wednesday, April 24, 2019

CONFIDENTIAL - SUBJECT TO FURTHER

CONFIDENTIALITY REVIEW

Volume 2

VIDEOTAPED DEPOSITION of MATTHEW PERRI, III,
BS Pharm, Ph.D., RPh, held at Jones Day,
1420 Peachtree Street, N.E., Suite 800, Atlanta,
Georgia, commencing at 8:35 a.m., on the above date,
before Susan D. Wasilewski, Registered Professional
Reporter, Certified Realtime Reporter and Certified
Realtime Captioner.

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1 MR. CHALOS: Object to the form.

2 A. I think so. I think the only other place
3 there might be something related to marketing of
4 generics would be in the section on the distribution
5 channels, the supply chain earlier in the report,
6 but it wouldn't be anything different. It just
7 might be supplemental.

8 Q. Okay. And what do you mean, just so that we
9 can be clear, when you refer to generic marketing?

10 A. So the marketing for brand name
11 pharmaceuticals and marketing for generics, in my
12 experience, is slightly different.

13 Q. Okay.

14 A. So I felt as though I should distinguish
15 between the two in the report. So to the extent
16 that different methods are used or different themes
17 are used, I wanted to have a section that
18 specifically related to the themes used with
19 generics.

20 Q. Okay. And this is specific to generic
21 prescription medicines, and in this case opioids,
22 it's not generic in the sense of nonspecific or
23 unbranded, it's generic prescription medicines and
24 opioids?

25 A. Yes.

1 Q. All right. If we could turn to Paragraph
2 173.

3 A. Okay.

4 Q. And the last sentence of that paragraph
5 reads: The key marketing messages are focused on
6 competitive prices and the assurance of consistent
7 supply of quality generic medicines -- medications.

8 Did I read that correctly?

9 A. Yes, you did.

10 Q. Thank you. And I think you reference that
11 just a minute ago, that those marketing messages are
12 different than what you've seen with the branded
13 marketing messages; is that correct?

14 A. Yes.

15 Q. Okay. And generic manufacturers do not
16 promote the safety, efficacy, or benefits of their
17 generic medications; is that correct?

18 MR. CHALOS: Object to the form.

19 A. I would agree that they generally don't do
20 that, but if there is not -- I can't say that that's
21 never done with respect to generics. And if we
22 qualify that just a little bit, for example,
23 sometimes with generics there are -- references are
24 made to other products or comparable products, the
25 branded product itself. So when that occurs, the

1 generic is sort of linking itself to the branded
2 rather than just standing alone on its own. So with
3 those qualifications -- generally, I completely
4 agree with this, and this is what I see in the vast
5 majority of the marketing messages associated with
6 generics that I saw in the opioid matter, was that
7 they focused on consistency of supply, pricing and
8 quality of the products.

9 Q. Okay. Thank you. And turning to
10 Paragraph 182 -- sorry, 181, but just above still on
11 page 151.

12 A. Okay.

13 Q. Although we can read the sentence from the
14 beginning, just go back to page 150. The sentence
15 starting: "From a marketing and business
16 perspective, for each generic manufacturer who
17 decided to enter the opioid market, the profit
18 potential outweighed any barriers or potential
19 negative aspects of market entry, including concerns
20 over the risks of selling opioids."

21 Did I read that correctly?

22 A. You did.

23 Q. And this calculus, that profits outweigh the
24 risks and costs of a particular product, that
25 calculus is not unique to a decision to enter a

1 market for opioids; is that correct?

2 A. Yes, that's true, the go/no go decision
3 described in this section on my report, it would be
4 true for any generic product being considered.

5 Q. Okay. And medications that are available by
6 prescription, as opposed to, say, over the counter,
7 that is because there is some degree of risks
8 associated with those medications, correct?

9 A. I think by definition, prescription
10 medications are more dangerous or more -- have more
11 potential for harms than over-the-counter
12 medicines, yes.

13 Q. Okay. So a pharmaceutical manufacturer is
14 going to undergo a similar calculus when deciding to
15 manufacture or enter the market for any drug,
16 correct?

17 A. I think there would be a contemplative
18 decision that would be made and they would -- they'd
19 have criteria. Certainly I think the criteria for a
20 branded product may be different and certainly have
21 higher implications in terms of the amount of
22 investment that you've got to put into the product,
23 the amount of time that it would take to develop and
24 bring to market, but the overall "should we do this
25 or not" is going to be pretty similar at the end of

1 C E R T I F I C A T E

2 I, SUSAN D. WASILEWSKI, Registered
3 Professional Reporter, Certified Realtime Reporter
4 and Certified Realtime Captioner, do hereby certify
5 that, pursuant to notice, the deposition of MATTHEW
6 PERRI, III, BS Pharm, Ph.D., RPh, was duly taken on
7 Wednesday, April 24, 2019, at 8:35 a.m. before me.

8 The said MATTHEW PERRI, III, BS Pharm, Ph.D.,
9 RPh, was duly sworn by me according to law to tell
10 the truth, the whole truth and nothing but the truth
11 and thereupon did testify as set forth in the above
12 transcript of testimony. The testimony was taken
13 down stenographically by me. I do further certify
14 that the above deposition is full, complete, and a
15 true record of all the testimony given by the said
16 witness, and that a review of the transcript was
17 requested.

18 
19 _____

20 Susan D. Wasilewski, RPR, CRR, CCP

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23 means, unless under the direct control and/or
24 supervision of the certifying reporter.)
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